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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

NEW ZEALAND 530296 12/19/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ****
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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and Acknowledged	/SUZANNE MARIE NOAKES/ Examiner's Signature	Met after Allowance Initials	NEW ZEALAND	3	14

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TITLE

WOUND CARE PRODUCTS CONTAINING KERATIN

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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